



# South Burlington Recreation & Parks Department

## Camper Information Form 2009

One form per child needs to be filled out by a parent or guardian. Camp dates and fees are located on the back of this form.

### CAMPER INFORMATION:

Camper's Name: \_\_\_\_\_ Gender: M F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

(All camps except Little Explorer's) School: \_\_\_\_\_ Grade completing as of June '09 \_\_\_\_\_

1. How would you describe your child? \_\_\_\_\_

2. Things that your child may be uncomfortable with: \_\_\_\_\_

### FAMILY INFORMATION:

Mom's Name: \_\_\_\_\_ Address: \_\_\_\_\_ City \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Address: \_\_\_\_\_ City \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Legal guardian of camper is:  Mother  Father  Both  Other \_\_\_\_\_

Parents are- Married  Separated  Divorced  If divorced are there step-parents? Yes No

Step-parent's Name w/Mom \_\_\_\_\_ Contact Phone: Work \_\_\_\_\_ Cell \_\_\_\_\_

Step-parent's Name w/Dad \_\_\_\_\_ Contact Phone: Work \_\_\_\_\_ Cell \_\_\_\_\_

Number of Brothers  Ages: \_\_\_\_\_ Number of Sisters  Ages: \_\_\_\_\_

### EMERGENCY CONTACT: (This must be someone other than the parents, and will be used if neither parent can be reached)

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

### AUTHORIZED PICK-UP: (People authorized to pick up my child from camp)

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE #</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**WAIVER AGREEMENT:** I attest that the information above is true and correct to the best of my knowledge, and I am fully aware of the risk inherent and hereby give my consent for my child, listed above, to participate in the Summer Camps indicated. I agree to hold harmless the South Burlington Recreation & Parks Department, the City of South Burlington, its employees, elected officials, and any paid or volunteer staff from any and all liability from any injury, claims, costs, or loss of service which might be incurred by participation in said Camps or related activities or events. I understand that medical insurance coverage is not provided. Permission is hereby granted for my child to receive emergency treatment, if needed and I authorize the attending physician to administer any necessary medical attention. **CONSENT:** I hereby consent to and authorize the South Burlington Recreation & Parks Dept. the rights to publish, reproduce, and use for advertising purposes, any photograph, video image, audio recording, or any other likeness of myself and/or my family.

I further attest that I have received or downloaded a copy of the Parent Handbook and have or will read through it thoroughly and understand the contents of it. I will help my child understand the importance of the information, by going over it with him/her and abiding by the policies in it. I have read this waiver carefully and sign it voluntarily with full knowledge of its significance.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# South Burlington Recreation & Parks Department

## Camper Medical & Health Information Form 2009

Child's Name: \_\_\_\_\_ Gender: M F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**MEDICAL INFORMATION:**

**Insurance Information:**

Is your child covered by family medical/hospital insurance?     Yes     No  
 If Yes, indicate carrier or plan name: \_\_\_\_\_ Group ID # \_\_\_\_\_  
 Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Child's Dentist/Orthodontist: \_\_\_\_\_ Phone #: \_\_\_\_\_

**HEALTH HISTORY:**

**Immunization:**

Has your child been immunized regularly and are they all currently up-to-date?     Yes     No

**Medication:**

Does your child take medication that needs to be administered during camp hours?     Yes     No  
 (If Yes, you must fill out the *Medication Authorization Form*, obtained from the Rec. Dept. or On-Line)  
 Is your child required to carry an epinephrine pen with them at all times?     Yes     No

**Allergies:**

Does your child have any allergies to food, medication or the environment?     Yes     No  
 If Yes, please describe in detail the source, reaction and the management or care needed. (*Please elaborate on a separate sheet of paper if needed and attach to this form or attach directions from your child's doctor.*)

Allergies	Reaction	Management and Care
_____	_____	_____
_____	_____	_____

**Medical Conditions:**

Does your child have any Medical Conditions that we need to be aware of?     Yes     No  
 If Yes, please describe in detail the condition, symptoms, and the management or care needed. (*Please elaborate on a separate sheet of paper if needed and attach to this form or attach directions from your child's doctor.*)

Medical Condition	Symptoms	Management and Care
_____	_____	_____
_____	_____	_____

**General Questions:** Has or does your child have any of the following:

	YES	NO
1. Any recent injury, illness or infective disease?	<input type="checkbox"/>	<input type="checkbox"/>
2. Ever been dizzy or passed out during physical exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery? Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Have any restrictions to activities?	<input type="checkbox"/>	<input type="checkbox"/>

Explain any "yes" answers below, noting the question number: (*Attach any directions from doctor to this form.*)

\_\_\_\_\_

**Additional Information:** Please provide any additional information about your child's behavior, and/or physical, emotional or mental health concerns that the camp should be aware of: (*attach doctor directions to this form.*)

\_\_\_\_\_

**Health & Medical Waiver:** I attest the information above is correct and complete to the best of my knowledge. The person herein described has permission to engage in all camp activities, except as noted. I hereby give permission to the camp to provide routine health care and seek emergency medical treatment when needed. I agree to the release of any of this information for the necessary treatment, referral, billing, or insurance purposes. In the event of an emergency and I cannot be reached, I hereby give permission to the camp to arrange necessary related transportation for my child and give permission to the physician on duty to secure and administer treatment, including hospitalization.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_